

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

for the
District of DelawareMr. Peter K. Smith

Plaintiff/Petitioner

v.

JACK MACKELL et al

Defendant/Respondent

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: 

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 11/13/16

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$

P. 24687840

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Retirement (such as social security, pensions, annuities, insurance)	\$		\$		\$		\$	
Disability (such as social security, insurance payments)	\$		\$		\$		\$	
Unemployment payments	\$		\$		\$		\$	
Public-assistance (such as welfare)	\$		\$		\$		\$	
Other (specify):	\$		\$		\$		\$	
Total monthly income:	\$	0.00	\$	0.00	\$	0.00	\$	0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

125608

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$ <u>2</u>
Other real estate (Value)	\$ <u>2</u>
Motor vehicle #1 (Value)	\$ <u>2</u>
Make and year:	
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$ <u>2</u>
Make and year:	
Model:	
Registration #:	
Other assets (Value)	\$ <u>2</u>
Other assets (Value)	\$ <u>2</u>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>2</u>	\$	\$
<u>2</u>	\$	\$
<u>2</u>	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
<u>2</u>		
<u>2</u>		
<u>2</u>		

P. 26 of 28

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0	\$
Utilities <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$	\$
Home maintenance <i>(repairs and upkeep)</i>	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation <i>(not including motor vehicle payments)</i>	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's:	\$ 0	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes <i>(not deducted from wages or included in mortgage payments) (specify):</i>	\$	\$
Installment payments		
Motor vehicle:	\$ 0	\$
Credit card <i>(name):</i>	\$	\$
Department store <i>(name):</i>	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

P. 27 of 28

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	X	\$
Other (specify):	\$	J	\$
Total monthly expenses:	\$	↓	0.00
	\$		0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

I HAVE A \$9 1/2 MILLION DOCKET JUDGMENT AGAINST ALL ASSETS, I HAVE.

12. Identify the city and state of your legal residence.

SMYRNA GA

Your daytime phone number: CONTACT WARRIOR

Your age: 76 Your years of schooling: College

12/28/28 @

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

Mr. Peter K. [Signature]
Plaintiff

V.

JACK MARKELL
Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

I, Mr. Peter K. [Signature] declare that I am the (check appropriate box)

☒ Petitioner/Plaintiff/Movant ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration JTUC

Inmate Identification Number (Required): 451255

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions See P. 23, where current Ledger is available ILL Resour.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="radio"/> Yes	<input checked="" type="radio"/> No
b. Rent payments, interest or dividends	<input type="radio"/> Yes	<input checked="" type="radio"/> No
c. Pensions, annuities or life insurance payments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
d. Disability or workers compensation payments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
e. Gifts or inheritances	<input type="radio"/> Yes	<input checked="" type="radio"/> No
f. Any other sources	<input type="radio"/> Yes	<input checked="" type="radio"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

P. 6 of 28 (4)

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

•• Yes

•• No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

•• Yes

•• No

If "Yes" describe the property and state its value.

See P. 23


6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

N/A

I declare under penalty of perjury that the above information is true and correct.

11/13/16

DATE



SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

P. 7 of 28